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Bib Data Sheet

CONFIRMATION NO. 6403

SERIAL NUMBER 10/763,131	FILING DATE 01/22/2004 RULE	CLASS 600	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. 702-107
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/27/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials MK		

ADDRESS

20874
 WALL MARJAMA & BILINSKI
 101 SOUTH SALINA STREET
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 SYRACUSE , NY
 13202

TITLE

Inspection device insertion tube

FILING FEE RECEIVED 1180	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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	<input type="checkbox"/> Credit _____

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